

**Arizona Department of Revenue****Collection Information Statement Short Form (EZ)***(If you need additional space, please attach a separate sheet with your name(s) and EIN or social security number(s).)*

Your name(s) and address (including county)	Phone number (circle best daytime number)
	Home:
	Your work: Cell phone:
	Taxpayer Identification Number (EIN or SSN)
	EIN:
Your employer or business (name and address)	Your SSN: Spouse's SSN:
	Spouse's employer or business (name and address)
Age and relationship of people who live with you (dependents only)	

**Bank Accounts (Include Savings & Loans, Credit Unions, Certificates of Deposit, 401K, Individual Retirement Accounts, Trust Funds, Etc.)**

Name of Institution	Address	Type of Account (checking, savings)	Account No.	Balance

**Debts (Include Bank Loans, Credit Card Payments, Judgements, Car Loans, Medical, Child Support, Mortgages)**

Name	Type	Amount Owed	Monthly Payment	Pay Off Date
Federal Taxes Owed		\$	\$	
Totals		\$	\$	

**Assets: (Include Real Property, Vehicles, Stocks, Boats, RV's)**

Type of Asset/Address	Value	Loan Balance

## INCOME AND EXPENSES

### MONTHLY INCOME

Your net pay ( <i>attach two recent pay stubs</i> )	\$	
Your spouse's net pay ( <i>attach two recent pay stubs</i> )		
Rents paid to you		
Pensions		
Social security		
Profit from your business ( <i>attach statement</i> )		
Commissions		
Other income ( <i>source</i> ):		
Total income		\$

### MONTHLY EXPENSES

Rent	\$	
Mortgage		
Alimony/Child Support		
Groceries		
Child Care		\$
Utilities		
Electricity		
Heating oil/natural gas		
Water		
Telephone		\$
Transportation ( <i>gas, bus fares</i> )		\$
Medical ( <i>doctor &amp; medicine not paid by insurance</i> )		\$
Insurance		
Auto		
Health		
Life		
Homeowners/renters		\$
Total Debt Payment from page 1		\$

### Total Monthly Expenses

\$

Have you ever filed bankruptcy? Yes ☐ No ☐

Are you current with State Income Tax Filing? Yes ☐ No ☐

Additional information: \_\_\_\_\_

Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.

Your signature

Spouse's signature

Date